

CHILDREN'S FOSTER CARE
PERMANENT WARD SERVICE PLAN
Michigan Department of Human Services

IDENTIFYING INFORMATION

Child(ren):

I. LEGAL STATUS

A. Court History:	Petition Date	Petition Type	Hearing Date	Hearing Outcome	Order date	Order type
Child						

B. Next Court Date:

II. REASONABLE EFFORTS

A. Efforts made by the Agency to place the child in a permanent placement in a timely manner.

B. If services were not provided, explain the reasons why the services were not provided.

III. SOCIAL WORK CONTACTS

Date	Contact Type	Contact Method	Contact Location	Scheduled	Kept/Unkept
-------------	---------------------	-----------------------	-------------------------	------------------	--------------------

IV. PROGRESS SUMMARY

A Child(ren) Reassessment (from CANS section)

1. Child Needs and Strengths and Current Status

2. **Placement Information**
Child Name Living Arrangement Begin Date End Date

3. **Child(ren)'s current Status**

4. **Education Information (from Education section)**
Child Name School Name Grade Pass/ Fail

5. **Medical and Dental Information**
Child Name Visit Date Visit Type Reason for Visit Treatment

6. **Placement Resources**

a. **Sibling Placement**

b. **Sibling and Kinship Visitation**

c. **Best Interests of Current Placement**

7. **Residential Care**

8. **Permanent Wardship**

a. **Describe the efforts made to finalize the permanency plan.**

b. **Child(ren)'s attitudes regarding termination of parental rights and adoption.**

c. **Preparation of child for adoption.**

d. **Possibility of adoption by kinship network or foster parents.**

e. **Efforts to Place in Kinship Network.**

f. **Reasons why it is not in the child's best interest to be placed for adoption or within the kinship network:**

B. Foster Parent/Kinship Caregiver Input

V. RECOMMENDATIONS TO THE COURT

Recommendations to the court, if applicable.

A. Recommended Court Orders

Prepared and Approved by:

Worker Name and Title:

Signature:

Date:

Supervisor Name and Title:

Signature:

Date:

For Purchase of Service only:

DHS Local Office Name:

DHS Local Office Approval:

Distribution of Plan:

Child(ren)'s Attorney(s)

The Department of Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

AUTHORITY: P.A. 280 of 1939.
RESPONSE: Voluntary.
PENALTY: None